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35759 U.S. PTO

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UTILITY PATENT APPLICATION TRANSMITTAL	
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	
Attorney Docket No.	360D0000 2
First Inventor or Application Identifier	Du et al.
Title	Smart Card Security Information Configuration and...
Express Mail Label No.	EL816158476US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
- Descriptive title of the invention	a. <input type="checkbox"/> Computer Readable Copy		
- Cross References to Related Applications	b. <input type="checkbox"/> Paper Copy (identical to computer copy)		
- Statement Regarding Fed sponsored R & D	c. <input type="checkbox"/> Statement verifying identity of above copies		
- Reference to Microfiche Appendix			
- Background of the invention			
- Brief Summary of the Invention			
- Brief Description of the Drawings (if filed)			
- Detailed Description			
- Claim(s)			
- Abstract of the Disclosure			
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 17]	ACCOMPANYING APPLICATION PARTS		
4. Oath or Declaration [Total Pages 2]	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
a. <input type="checkbox"/> Newly executed (original or copy)	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Attorney (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney		
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)	9. <input type="checkbox"/> English Translation Document (if applicable)		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
	11. <input type="checkbox"/> Preliminary Amendment		
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
	13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB-09-12) Status still proper and desired		
	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		
	15. <input type="checkbox"/> Other:		
NOTE: FORMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES. A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)			
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09 / 796,847 Prior application information: Examiner Unassigned Group / Art Unit Unassigned For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
17. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 22862 (Insert Customer No. or Attach bar code label here!)		or <input type="checkbox"/> Correspondence address below	
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Per/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176
Signature		Date	7/30/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12
 See 37 C.F.R. §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT (\$) 629.00

Complete if Known

Application Number Unassigned
 Filing Date Herewith
 First Named Inventor Du et al.
 Examiner Name Unassigned
 Group / Art Unit Unassigned
 Attorney Docket No. 360D0002

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to

Deposit Account Number 07-1445

Deposit Account Name Michael A. Glenn

- ☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	760	201	380 Utility filing fee	355.00
106	310	206	155 Design filing fee	
107	480	207	240 Plant filing fee	
108	760	208	380 Resubmission filing fee	
114	150	214	75 Provisional filing fee	

SUBTOTAL (1) (\$) 355.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
46	20** = 26	9	234.00
4	3** = 1	40	40.00
Multiple Dependent			

**or number previously paid, if greater, For Resubmissions, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203	9 Claims in excess of 20
102	78	202	39 Independent claims in excess of 3
104	260	204	130 Multiple dependent claim, if not paid
109	78	209	39 ** Resubmission independent claims over original patent
110	18	210	9 ** Resubmission claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 274.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or cash	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	380	216 190 Extension for reply within second month	
117	870	217 435 Extension for reply within third month	
118	1,380	218 680 Extension for reply within fourth month	
128	1,850	228 925 Extension for reply within fifth month	
119	300	219 150 Notice of Appeal	
120	300	220 150 Filing a brief in support of an appeal	
121	280	221 130 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavocable	
141	1,210	241 605 Petition to revive - unintentional	
142	1,210	242 605 Utility issue fee (or resubmission)	
143	430	243 215 Design issue fee	
144	580	244 290 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	0.00
146	760	246 380 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	760	249 380 For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00

SUBMITTED BY

Name (Print/Type) Michael A. Glenn

Signature

Registration No. (Attorney/Agent)

30,176

Complete (if applicable)

Telephone 650-474-8400

Date

7/30/01